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Summary of midterm reviews and major evaluations of country programmes

East Asia and the Pacific region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of midterm reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in this report were conducted during 2003.

Introduction

1. There were MTRs in five major countries in 2003. The increasing danger of HIV/AIDS, and an increased mobilization of UNICEF to deal with the issue, comes through clearly in the reviews. The evaluations section includes two evaluations of long-term social development programmes as well as an evaluation to be used to gear-up the fight against iodine deficiency disorders (IDD) in Indonesia. All MTRs and evaluations have resulted in changes in programmes or in the work of the UNICEF office or government partners.

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Country midterm reviews

Cambodia

2. The General Secretariat of the Council for Social Development acted as the Steering Committee for the MTR, which was coordinated by a joint secretariat from the Ministry of Planning and UNICEF. Five working groups were established to conduct programme-specific reviews. To reduce transaction costs for the Government, existing review processes were used, such as the annual review of the Education Strategic Plan, held in May 2003.

3. The working groups assessed achievements against objectives and targets and took stock of inputs, outputs and in some cases impacts, of programme interventions for 2001-2003. Each working group contributed to a consolidated report presented at the MTR meeting on 28 October 2003. The MTR meeting was well attended by government counterparts, United Nations agencies, donors and non-governmental organizations (NGOs).

4. **The situation of children and women**. Developments creating a better environment for the realization of children's and women's rights in Cambodia include: progress on decentralization; sector reforms, better coordination in health and education; and integration of the Millennium Development Goals and goals of *A World Fit for Children* into existing national plans. Other positive developments include maintenance of the country's polio-free status; a decrease in measles cases by over 90 per cent; a decrease in the HIV prevalence rate, to 2.6 per cent in 2002; improvement in access to primary education, with narrowing gender disparity (91 per cent for boys and 87 per cent for girls in 2002/2003); ratification of the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography (2002); and the signing of a Memorandum of Understanding with Thailand on Bilateral Cooperation for the Elimination of Cross-Border Trafficking in Children and Women and Assisting Victims of Trafficking (2002).

5. Several important challenges remain: a persistently high infant mortality rate (IMR) and under-five mortality rate (U5M), with no clear decline in the last 20 years; high maternal mortality; serious malnutrition (45 per cent of children under five years of age underweight); low access to iodized salt (20 per cent as of 2002); low quality of education and related high drop-out rates; continued problems of trafficking and sexual exploitation of children, intercountry adoption, and children who are affected by HIV/AIDS, living and or working on the street, disabled and in conflict with the law.

6. **Progress and key results**. The *Seth Koma* (Community Action for Child Rights) programme raised awareness of child rights at all levels and improved coverage of basic services. The programme has assisted commune councils to act on child rights issues, and programme planning is now coordinated with the new nationwide commune development planning process.

7. The health and nutrition programme has helped to formulate national frameworks and policies, including the Health Sector Strategic Plan and plans for safe motherhood and nutrition. hepatitis B vaccine has been introduced, injection safety improved, and malaria mortality and incidence reduced. Innovative trials to improve the poor's access to essential health care, and community participation in

management of health centres, have been successful, leading to donor interest in implementation. Progress on nutrition included trials of weekly supplementation of iron/folate for schoolgirls and women of child-bearing age; and approval of a sub-decree legally requiring the iodization of all salt.

8. The proportion of the national budget for education has increased to more than 18 per cent. The development of strategic and policy frameworks for education have led to the Education Strategic Plan, Education Sector Support Programme and Education for All Plan as well as the drafting of an Education Law. Primary net enrolment has increased from 86 to 89 per cent — bringing the 2005 target of 95 per cent within sight. Substantial progress has also been made in reducing the gender gap.

9. The child protection programme implemented a national curriculum to train social workers. A national survey on alternative care was also undertaken, and minimum standards on residential care drafted. A large number (1,447) of child victims of trafficking, sexual exploitation and abuse were rescued and received assistance for recovery and reintegration. Important laws on adoption, trafficking and sexual exploitation, juvenile justice, and civil procedure, criminal procedure and the Penal Code are now under scrutiny. Law enforcement has been strengthened through police training and the establishment of a specialized department for human trafficking and juvenile protection. Mine-awareness education has been integrated into the primary education curriculum.

10. UNICEF helped facilitate the national response to HIV/AIDS by scaling up voluntary and confidential counselling and testing and supporting the prevention of mother-to-child transmission (PMTCT) of HIV. Buddhist monks are increasingly involved in prevention and care activities in communities.

11. The Government and children participated in the United Nations General Assembly Special Session on Children (2002) and related activities, including the "Say Yes for Children" campaign (2001), the Beijing and Bali Ministerial Consultations on Children (2001 and 2003), and the Cambodian Children's Forum (2003). High-quality programme-related information, education and communication materials were produced, and UNICEF provided support to major national surveys and monitoring systems, including *CamInfo* (a localized version of *DevInfo*). These helped strengthen the monitoring of national development strategies, including the National Poverty Reduction Strategy and the Cambodia Millennium Development Goals report.

12. **Resources used**. The programme expended $29 million during the first two years, $7 million in regular resources and $22 million in other resources. These overall figures are in line with the master plan of operations (MPO). However, Education ($10 million) spent about 50 per cent more than what was envisaged in the MPO, while *Seth Koma* ($3.4 million) and advocacy/social mobilization ($5 million) spent about half the anticipated amount in the MPO. Other programmes closely followed the MPO — $6.2 million for health and nutrition, $5.1 million for child protection, $2.6 million for HIV/AIDS and $1.4 million on cross-sectoral costs. The utilization of funds for 2001 and 2002 has been above 90 per cent.

13. **Constraints and opportunities affecting progress**. The rapid expansion of the programme for children in need of special protection has created many activities which now need prioritization and focus. The Government budget for social welfare

services remains very low, challenging sustainability for some activities. Reliable data are scarce and there is a lack of systematic monitoring mechanisms and analytical capacity to measure the impact of much child protection work.

14. While UNICEF resources for HIV/AIDS are small compared with funding from other donors, the programme is able to influence and promote Cambodia's response to the pandemic. The sizable flow of funds to the country for HIV/AIDS, while welcome, risks drawing so many resources into HIV/AIDS prevention that overall health and social services could suffer.

15. Notable achievements in gender mainstreaming were made in the education programme, but more work in this area is still needed: project documentation; a more systematic approach to reduce gender-based disparities; and greater efforts to ensure gender balance in capacity-building activities.

16. The participation of children and young people has been limited, although there are examples of children as "agents of change" in areas that include home testing of iodized salt, carrying messages on IDD and peer education on HIV/AIDS. Efforts to hear the voices of children and young people were made through activities such as youth clubs, workshops and congresses. More concerted effort is needed to make these initiatives systematic and sustainable.

17. Central-level intervention coupled with intensive support to specific geographic areas worked in a mutually reinforcing manner by feeding local experience into central policy development, even if national replication was difficult. The role and position of *Seth Koma* in the country programme needs to be assessed to further focus attention on a limited number of areas.

18. Programmes need to be made more results-based by improving the inherent logic of programme design and by strengthening the planning, monitoring and evaluation elements.

19. The experiences with the sector-wide approach and sector-wide management in Cambodia show that improved coordination among actors does not necessarily require pooling of resources but can be achieved through active involvement in needs-assessment and strategic planning. UNICEF must remain involved in the strategic dialogue on development in Cambodia to ensure that factors influencing child rights but lying outside the boundary of UNICEF-supported programmes are addressed. UNICEF will also advocate to rationalize the multiple processes of development planning and dialogue in order to reduce transaction costs.

20. **Adjustments made**. Links have been strengthened between *Seth Koma* and *Seila* (a nationwide Government programme of decentralization to support poverty reduction). The structure of the children in need of special protection programme has also been streamlined. These decisions are operationalized through programme logframes for 2004 to 2005 and the annual plan of action for 2004.

21. A major challenge for the office was to regularize the position of a large number of province-based temporary staff, an activity carried out in 2004.

China

22. The MTR began in March 2003 with agreement between UNICEF and the Ministry of Commerce on major objectives, themes, and focus. In addition to an

overall review of the country programme, the MTR focused on possibilities for strengthening activities in HIV/AIDS, early childhood development (ECD), and work in western China. Each programme established a task force to assess changes in the situation, results, and implementation experiences, using desk reviews, field trips and evaluations. The task forces also drew on special studies on migrant children, ECD, childhood disability, child injury, and an assessment of the social development in poor areas project. The SARS epidemic in March-June 2003 severely disrupted the review processes and adversely impacted the quality of the analysis. The MTR meeting was held on 18-19 November 2003 and included senior government officials, project directors from the Government, and representatives from the United Nations and bilateral donors.

23. **The situation of children and women**. China's rapid economic development has brought about major benefits for children and women. A joint assessment by the Government and the United Nations country team found that China is on track to achieve most of the Millennium Development Goals. However, disparities are increasing between rural and urban areas, men and women, and unskilled migrant workers and workers with training and education. Despite a high level of economic growth, some 88 million people in China live on less than $1 a day. Gender inequalities persist, and the birth ratio between the sexes continues to be unbalanced: the 2000 census found 117 boys born, compared with 100 girls, a ratio 10 points higher than the global norm.

24. The IMR and U5MR continue to fall, but considerably more slowly since the mid-1990s. Neonatal mortality as a proportion of infant deaths is increasing, and the leading cause of child death is shifting from communicable diseases to injuries. The maternal mortality rate dropped in the 1990s, but national figures mask great disparities, and access to emergency obstetric care in many rural areas is limited. Although undernutrition has fallen dramatically, many parts of China still show micronutrient malnutrition, especially that involving iron and vitamin A deficiency. Problems related to obesity and food safety are of increasing concern. China is one of the most seriously arsenic-affected countries in the world: an estimated 20 million people are exposed to arsenic, and 30,000 arsenicosis cases have been identified.

25. Official estimates indicate that 840,000 people in China have HIV/AIDS, up from 600,000 three years ago. While the overall infection rate is still less than 0.1 per cent, it is much higher in some counties and high-risk groups. The need for appropriate care for children orphaned by HIV/AIDS is gaining national attention. Reviews conducted for the MTR on child protection issues show that these are of growing concern. While enrolment in primary education remains high, disparities involving access, completion rates and quality of education are growing, with girls and in rural-area populations particularly affected.

26. **Progress and key results**. Country programme initiatives have contributed to the development or strengthening of national policy in a number of areas, including input to new policies for ECD, rural health reform, the incorporation of hepatitis B vaccination in immunization; foster care for orphaned and abandoned children; and policies and services for children who live or work on the street and children of migrants. Programmes have also developed pilot approaches and models to be scaled up by the Government, but some need more clarity to be of greater use. To build on the record of the first three years, there is a need for more timely and systematic monitoring and documentation of pilot projects and fine-tuning of the

dissemination of knowledge and policy support. Projects have contributed directly to several results: the review and strengthening of management systems, including Management Information Systems; improved supervision and monitoring of health services; and promotion of strengthened regulations and national standards on food quality and health care.

27. Knowledge acquisition and dissemination in individual sectors and through the National Working Committee on Children and Women (NWCCW) and other national institutions has been strengthened. Progress has been made in raising awareness of the National Plan of Action (NPA) for children and supporting the development and monitoring of local-level plans of action for children in project counties, but more effort is needed to promote use of these plans in counties not directly supported by UNICEF. Achievements in communication include production of a Chinese version of *Facts for Life*, and development of a media vehicle to reach "900 Million Farmers" with a wide range of health and development messages.

28. Collaboration with United Nations agencies has increased: UNICEF chairs the United Nations thematic group on HIV/AIDS, leads the Common Country Assessment (CCA) database task force and contributed to updating the CCA.

29. **Resources used**. The programme expended more than $50 million during the first three years: $35.7 million regular resources and $14.6 million other resources, about 85 per cent of planned resources and 91 per cent of available resources. The available resources were 93 per cent of what was planned in the MPO. The health and nutrition programme exceeded its resources ceiling by 13 per cent, and child's environment and sanitation raised the amount of money planned. Other programmes were 10-40 per cent below their resources ceiling. The programme has utilized funds well and has made concerted efforts to increase other resources available to the programme; however, fund-raising for China remains challenging.

30. **Constraints and opportunities affecting progress**. Activities with service-delivery components need to incorporate training in technical and management issues. Activities in all sectors need more systematic monitoring, assessment, documentation, and dissemination of experience. To ensure sustainability, more effort in advocating national and provincial funding is required.

31. Opportunities exist for strengthened collaboration between sectors on cross-cutting themes such as HIV/AIDS, ECD and child protection, and for greater geographic convergence.

32. Though considerable experience has been gained in creating and building partnerships, a key strategy, partnerships remain focused on individual projects and activities. Collaboration with NWCCW is central to an integrated perspective on children's issues linked to the NPA process. Ways to further strengthen this partnership are being explored.

33. The planning, advocacy, communication and knowledge (PACK) programme has had some significant achievements in promoting the generation and dissemination of knowledge about children's issues; documenting, assessing and identifying lessons from project experience, especially for successful initiatives; and facilitating communication to the public and policy makers.

34. **Adjustments made**. The structure, objectives and strategies of the country programme are appropriate, and no changes were proposed. However, in line with

corporate policy, the communication for behaviour change project activities of the PACK programme will be integrated into sectoral programmes. Increasing emphasis will be given to emerging issues such as child protection, ECD, child injury and fighting HIV/AIDS. UNICEF will continue to address the problems of children living in poverty, particularly in areas that have not benefited fully from China's economic development, while at the same time seeking greater programmatic and geographic convergence.

35. UNICEF support will continue to evolve in line with China's development and will increasingly focus on policy development by emphasizing knowledge acquisition, advocacy, communication and planning. Staff changes include the establishment of posts for a senior international and a national officer, focusing on policy development, research and advocacy, and establishing a national officer post for communication for outreach to the Chinese media. These new posts offset post reductions in other areas.

Indonesia

36. The country programme provides support to national programmes, 9 province-level programmes, and 40 district-level programmes. It also provides emergency support to conflict- or disaster-affected areas. The MTR process was correspondingly multi-layered, involving government partners from all three levels, non-governmental and civil society partners, and other United Nations agencies. Studies and evaluations were conducted from late-2002 to October 2003. In mid-2003, UNICEF and its national partners developed MTR assessment tools. The MTR was conducted from the district level upwards, feeding into provincial and national-level processes. The development partners of UNICEF also carried out a frank assessment of UNICEF cooperation over the last three years. The final MTR meeting, held on 21-22 October 2003, was inaugurated by the State Minister for National Development Planning and was attended by other United Nations agencies, non-governmental organizations (NGOs) and bilateral donors.

37. **The situation of children and women**. As shown by the Government's Millennium Development Goals report, Indonesia has made substantial progress in child health and education, but has lagged in other areas, such as nutrition and maternal health. The report shows wide variation between provinces in nearly all indicators. Immunization in general has shown improvement since the 1990s, but DPT3 coverage is still only 58 per cent. The HIV/AIDS epidemic in Indonesia is concentrated, with high rates of HIV infection among injecting drug users and commercial sex workers. In September 2003, the Government estimated that 90,000 to 130,000 Indonesians were living with HIV/AIDS. The Government has recognized the challenges in child protection, and has significantly improved the protective environment for children through laws and Plans of Action (see below).

38. The return or resettlement of many internally displaced persons (IDPs) has reduced their number, from over 1 million in 2001 to about 500,000 by mid-2003. The overall situation has improved, but peace is still fragile and sporadic violence occurs. Areas previously affected by conflict have yet to recover fully and still need support. Since May 2003, the province of Aceh has seen over 800 civilian deaths, 110,000 IDPs, and more than 600 schools and 32 health centres destroyed. Exposure

to violence and other human rights violations have led to widespread psychological and social problems.

39. **Progress and key results**. Achievements can be seen not only in the coverage or outcomes of particular initiatives but also in the way other partners have taken up the activities. Maternal health projects, reaching 80 per cent of women in project areas with antenatal care services, are now being replicated elsewhere; participatory approaches used by the water and sanitation programme and methodologies for the local production of components have been replicated by local governments; the "creating learning communities for children" programme is being replicated by local governments and other donors and has expanded from 79 pilot schools in 2000 to 826 in 2003; the UNICEF-supported localized peace education curriculum in Aceh reached 59,100 senior secondary students, and is proposed to be expanded further; the UNICEF-supported model for early childhood care and development in two provinces has been replicated by government and non-government partners.

40. The programme also supports broad delivery of basic social services, including support to the following efforts: immunization campaigns reaching almost 22 million children; vitamin A supplementation reaching 14 million children (75 per cent of all children under five); 2 million women of reproductive age in high-risk areas being protected against tetanus; a measles school catch-up project covering some 350,000 children; and new cold chain equipment being supplied to a quarter of health centres in 16 provinces.

41. As part of decentralization, the programme concentrates efforts on 40 districts: supporting consultative and participatory planning processes and situation analyses for evidence-based planning; advocating for district development-budget allocations to programme activities; and supporting district-level tracking of key indicators. These districts are also where most of the models and approaches are tested.

42. The programme uses field experience and international expertise to inform policy development. Examples include support for policy on growth monitoring and promotion, and for gender analysis of educational materials. In child protection, the work of UNICEF (with other partners) involves establishing a knowledge base (often using participatory research), contributing to policy development, and piloting projects to show how the policies can be put into practice. These approaches have contributed to several results: three NPAs — for eliminating commercial sexual exploitation of children, eliminating the worst forms of child labour, and combating trafficking in women and children; a Child Protection Law; draft legislation on civil registration; and the establishment of institutional child protection mechanisms. Psychosocial work within the emergency support programme has also contributed to the review of psychosocial and mental health policies and has led to the development and piloting of a psychosocial curriculum for school teachers.

43. The programme uses evidence-based advocacy and communication methods, such as for salt iodization and for school enrolment. Evaluations of an education communication initiative demonstrated that parents' awareness about the nine-year basic education initiative increased from 59 to 68 per cent from 2002 to 2003.

44. The UNICEF response to HIV/AIDS, begun only in late 2002, has already contributed to several results: an increase in knowledge about young people and HIV/AIDS prevention and care; new partnerships with civil society, youth and

traditional leaders; and the development and implementation of programmes to educate adolescents on HIV/AIDS.

45. The programme has helped hundreds of thousands of children in conflict-affected areas to continue their education through the provision of educational supplies and teacher training. Communities have also benefited from health supplies and renovated water and waste systems. In addition, the programme assisted peace-building, psychosocial support, and community-resilience initiatives bolstering indigenous capacities for contributing to peace.

46. In May 2003, UNICEF supported the Sixth East Asia and Pacific Ministerial Consultation on Children, hosted by the Government and opened by the President of the Republic of Indonesia. This event helped raise awareness on child rights in Indonesia.

47. UNICEF chaired the United Nations Task Force supporting the Government's first Millennium Development Goals report, launched in 2004. UNICEF also supported the development of the National Programme for Children in Indonesia 2015, the country's follow-up to the United Nations Special Session on Children.

48. **Resources used**. The programme has received a little more than $5 million in regular resources each year. Since early 2002, programme quality-assurance measures and active resource mobilization helped bring other resources to about $17 million in 2002, and the same amount again in 2003. These sums reached the target amounts overall, but not always the targets for each individual programme. Financial implementation rates for available resources were good for regular resources and are improving for other resources. The main reasons for the low other resources implementation rate in 2001 were the UNICEF office restructuring and the focus in the districts and provinces on the district planning process.

49. **Constraints and opportunities affecting progress**. The main constraints for the programme include weak local capacities — coupled with the intensive work needed from district counterparts in preparing cash-assistance proposals that meet UNICEF rules and regulations — and the timely liquidation of cash assistance. District authorities are ill-equipped for these tasks required by decentralization.

50. Opportunities for UNICEF include strong partnerships at national, provincial and district levels with both government and non-government entities, and the potential offered by successful models and approaches implemented at district and province levels. In addition, the decentralized structure of UNICEF, especially its zone offices, offers greater opportunities for advocacy with local governments, for monitoring, and for capacity-building.

51. **Adjustments made**. The HIV/AIDS elements within the health, education and emergency programmes were consolidated into a new programme, fighting HIV/AIDS. Several project objectives were modified and strategies refined or redesigned. For example, the "whole child" education project was phased out, its more positive aspects incorporated into the creating learning communities for children project.

Myanmar

52. The MTR focused on the major components of the programme as well as management processes and systems. In order to ensure objectivity and credibility, sectoral assessments were carried out by independent assessment teams, as were the majority of cross-cutting thematic assessments. Through joint reviews involving all major stakeholders, the process further strengthened partnerships, a programme goal.

53. **The situation of children and women**. The main progress was seen in programmes using campaign-style approaches and intensive resources focusing on one goal (eradication of polio, distribution of vitamin A, iodization of salt, and construction of latrines). The areas requiring systemic changes (basic education and health services) will continue to need long-term advocacy, investment, social mobilization, and training, as well as increased government and external resources. Disparities remain pronounced in the country, although with increased access to more remote locations since the mid-1990s (primarily due to cease-fire agreements and increased infrastructure development), there has been some improvement in widening access to some basic social services. The IMR, U5MR and maternal mortality ratio remain high. While enrolment figures for primary school are impressive, only half of children complete their primary education. There is wider recognition of the fact that many children need protection, including children working, trafficked, living or working on the streets, in conflict with the law, involved in armed conflict, institutionalized and disabled.

54. **Progress and key results**. The first objective of the programme is the development of partnerships for promoting and realizing the objectives of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Partnerships have expanded, notably for child protection and children affected by HIV/AIDS. There are partnerships with 20 government departments, 14 international NGOs, 18 other NGOs, as well as with the private sector and other members of civil society, including parent-teacher associations. Partnerships with other United Nations agencies have been strengthened, particularly regarding programmes on HIV/AIDS, immunization, and trafficking.

55. The second objective is to work nationwide to reduce disparities in immunization, vitamin A supplementation, sanitation and consumption of iodized salt. Overall, the high reported levels of immunization (around 79 per cent in 2003) have continued in accessible areas, and the last recorded case of polio occurred in 2000. Vitamin A supplementation has increased, as has access to sanitation (to 76 per cent in 2003) and consumption of iodized salt (to 83 per cent in 2003).

56. The third objective is to reduce transmission of HIV/AIDS and its impact. UNICEF priorities now focus on HIV prevention among young people, PMTCT, and support for children and parents living with HIV/AIDS, with substantial advocacy efforts being made in close coordination with other partners and donors and within the framework of an expanded thematic group on HIV/AIDS.

57. The fourth objective concerns a multisectoral effort to improve the lives of women and children in Area-Focused Townships (AFTs), where a convergence of health, education, and water/sanitation initiatives are provided in townships located in the most disadvantaged states and divisions. Documented improvement was made

in the quality of services available to the families in accessible areas of these townships, due to increased training, supplies, and equipment. The final decision on the way forward with the AFT approach (consolidation of programmes in existing AFTs or further expansion, as outlined in the MPO) was deferred to follow-up discussions.

58. The final objective is to increase the availability of reliable data for planning, programming and monitoring. Several national surveys (including multiple indicator cluster surveys in 2000 and 2003) and strengthened routine monitoring systems (including the Health Management Information System, the revised Vital Registration System, the Education Information System, and AFT monitoring) have increased the availability of data. Township-level information for AFTs is also now available. There is an integrated United Nations country team effort to coordinate survey initiatives and results and to systematize the information.

59. **Resources used**. The programme disbursed $28.5 million in 2001 and 2002, about 75 cents per child per year. This comprised $13 million in regular resources and $15.5 million in other resources. Expenditures were 92 per cent of regular resources and 75 per cent of other resources. The programme raised 7 per cent more regular resources in the first two years than envisaged in the country programme recommendation, and 74 per cent more other resources. These extra other resources were not equally spread across programmes: health/nutrition mobilized $18 million for the first two years, against a planned ceiling of $5.4 million; water/sanitation mobilized $250,000, against a ceiling of $1.8 million; and education/child protection mobilized $2.5 million, against a ceiling of $4.8 million.

60. **Constraints and opportunities affecting progress**. As mentioned above, the fact that in Myanmar there are limited numbers of international NGOs with broad mandates and of effective local NGOs is a major impediment to the scaling-up of several programmes. Another important constraint is the political situation, which limits resource mobilization primarily to what is perceived as humanitarian support. This is why the funding for health far exceeds that for education. A related constraint is the low level of government allocations — as well as of donor support — to the social sectors overall. While the limited technical capabilities at the local level are constraints, the fact that the programme focuses on developing these local capacities, both at the township and at the community levels, offers opportunities for improvement. Because of its broad mandate and wide coverage, UNICEF has unique opportunities to support, monitor and encourage a broad range of partners and activities both within and outside of government. The presence of field officers stationed throughout the country who specialize in monitoring the interventions of UNICEF is an important part of these efforts.

61. **Adjustments made**. The programme will continue to focus on developing integrated interventions for particularly disadvantaged women and children in AFTs (particularly the more remote ones), and will continue to monitor the results closely. HIV/AIDS initiatives will expand, including through the school-based healthy living and HIV/AIDS prevention education (SHAPE) programme focusing on life skills both in and out of school. Support will increase for measles control, malaria prevention, maternal/neonatal tetanus, and nutrition interventions. Support for ECD will be expanded, and efforts will be made to address the special needs of basic education in remote townships with newly-raised funds. In child protection, developments will focus on several areas: advocacy and training; protection of

children from exploitation, abuse and neglect; juvenile justice; and protection for those deprived of primary caregivers. To strengthen sub-national capacity to gather and utilize data, *MyInfo* (adapted from *DevInfo*) will be expanded, and guidelines developed on indicators appropriate for Myanmar.

Viet Nam

62. The Ministry of Planning and Investment and UNICEF agreed on MTR contents and processes in October 2002. Consequent studies and evaluations were included in the Project Plans of Action in 2003. In July 2003, the Ministry and UNICEF disseminated guidelines on MTR preparation, and in July-August 2003, the two agencies conducted review meetings with all counterparts in the sectoral programmes and projects. UNICEF prepared a draft MTR report for comments, and the Ministry prepared an MTR report for the Government. Both reports were shared and discussed in the September 2003 MTR meeting, which involved the Government, UNICEF, other United Nations agencies, NGOs and bilateral donors. A consensus document was created.

63. **The situation of children and women**. The MTR identified five "emerging issues" to be addressed by future programmes: (a) Viet Nam enjoys relative equality in health and education, but *inequality* is increasing, affecting especially the rural poor population, including ethnic minorities; (b) the Government's *decentralization* programme has given more decision-making power to provincial and other local areas, though much central control remains; (c) the Government is greatly emphasizing support and strengthening of *the family*, and to this end established social work as a profession: (d) elements of *protection* of particularly vulnerable children are also being put in place (in recognition of problems such as trafficking and commercial sexual exploitation), and a juvenile justice system is in formation; (e) increased attention is also being paid to *adolescents and youth*, the fastest-growing age group, as they face problems of sexually-transmitted diseases, drug use and HIV/AIDS as well as depression and suicide; (f) and *HIV/AIDS*, which affects more than 250,000 children, is given great importance.

64. **Progress and key results**. All programmes report that they are on track for achievement of goals in the MPO, as far as can be measured. The human rights-based approach to programming was highlighted, and UNICEF has been asked to take a lead in assuring rights-based analysis and planning in the CCA and the United Nations Development Assistance Framework.

65. The Health and nutrition programme has helped to develop the capacity of various service providers; has supported national campaigns for measles and polio, with coverage rates of 99 per cent; and has maintained high coverage of vitamin A and iron folate supplementation, as well as high levels of iodized salt consumption. Access to safe water nationwide increased from 42 to 51 per cent from 2000 to 2002, due to intensive work by the Government, UNICEF and many major donors. A National Arsenic Coordination Committee was established, which helped prepare a Plan of Action (2003-2004) to mitigate the effects of arsenic in groundwater.

66. The education programme was central to enhancing the quality of kindergartens and primary schools. The programme also added healthy-living life skills components to reach out-of-school as well as enrolled children and led a

media campaign on early childhood care and development, which helped to increase inter-agency collaboration.

67. The rights promotion and child protection programme has built a core group of allies and child rights advocates among government and other partners. UNICEF provided assistance to the Government for its reporting to the Committee on the Rights of the Child, for harmonizing laws with the Convention and for improving child protection. Together with other partners, UNICEF supported efforts that expanded birth registration from 72 to 87 per cent of children between 1999 and 2002. In 2001, the "Say Yes for Children" campaign enabled 825,000 people to vote on which issues they felt most important for children. Journalists were trained on children's issues, and junior reporter clubs were supported. Another important rights and protection area, emergency preparedness and response, has been considerably enhanced during this country programme.

68. The Viet Nam office was requested by auditors to make a special report to the Executive Board on the programmatic development and funding status of childhood-injury prevention activities. This prevention work started after approval of the current country programme (E/ICEF/2000/P/L.13/Add.1), which is why a request was made to the Executive Board for approval of stand-alone funding (E/ICEF/2001/P/L.66). Funds totalling $4 million have already been received, $2.4 million of which have been expended. The National Policy on Injury Prevention was officially approved in 2001, and has been followed by a national conference, a national household survey and other epidemiological surveys, and promotion of awareness about the issue through mass media, public events and mobile communication teams.

69. **Resources used**. During the first three years of the country programme, $28 million was spent on programme activities, which amounted to 66 per cent of available resources. In turn, the $42 million available for spending was 92 per cent of the amount approved. The regular resources allocated to the programme for 2001-2003 actually exceeded the amount anticipated by 8 per cent ($1 million), and 86 per cent of the envisaged other resources ceiling was raised. The health and nutrition programme raised 29 per cent more other resources than envisaged, and education was on target. Communication, rights and advocacy managed 80 per cent of their ceiling, and other programmes substantially less. Expenditure rates were high for regular resources (92 per cent), but lower for other resources.

70. **Constraints and opportunities affecting progress**. For more than 10 years, a central strategy for programme implementation has been the Area-Focused Approach (AFA), in the expectation that convergent service delivery would enhance programme results. During these years, the number of AFA districts was reduced from 124 to 66, and many project activities do not fall within those AFA districts. Even within those districts, inter-project coordination is not guaranteed.

71. UNICEF cooperation has followed the Government's decentralization policy by working with provincial, district and commune officials. The programme has worked well to provide direct financial support to the provincial authorities, rather than encumbering the central Ministries, but this success (which has led to increased efficiency) needs to be bolstered by further strengthening of local partners in project management.

72. **Adjustments made**. The Government and UNICEF agreed that this MTR should not lead to major structural changes, as it was too early in the programme. Therefore, many MTR recommendations are for the next country programme. However, minor structural adjustments are being made, such as the reformulation and readjustment of some project objectives and indicators.

73. The project plans of action in 2004 have incorporated recommendations for increased technical assistance for laws, policies and monitoring in the area of child protection. MTR studies and recommendations are being used as part of the situation analysis (just being completed) and CCA, into which the analysis feeds.

74. The MTR also led to a number of adjustments in programme management. In particular, the programme planning processes have been revised and re-timed in order to avoid the late approval of Project Plans of Action. This resulted in plans for 2004 being approved much earlier in the year than were plans in previous years.

Major evaluations and studies

75. In China and in Cambodia, social or community-based development programmes were reviewed after many years of implementation. The reviews focused on effectiveness and impact, not on efficiency. In Cambodia, the availability of a control group allowed for comparisons to be made between results achieved from the programme and those achieved as a result of nationwide development, and the programme appeared to have realized little more progress than had the rest of the country. In China, by contrast, no comparison was made between project and non-project areas.

Seth Koma survey in Cambodia

76. The *Seth Koma* programme (operational under different names since 1998) promotes community organization and mobilization to facilitate provision of basic health and nutrition services and educational activities. The programme is implemented in 1,150 villages covering 700,000 people, including 60,000 children under five.

77. The assessment found that the level of *provision* of the majority of services is high in almost all *Seth Koma* villages. Compared with control villages, *Seth Koma* villages showed significantly higher rates of provision of microcredit, childcare, training, maternal vitamin A supplementation, weighing during pregnancy, and child growth-monitoring.

78. However, *Seth Koma* villages showed only slightly greater *use* of many services. Moreover, there was no real difference in the use of services between the general population and vulnerable populations, and this indicated that the needs of the vulnerable populations were not emphasized as required in a well-designed programme. In addition, any improvement found in maternal and child nutrition could not be attributed to the programme.

79. Further, the assessment showed that after more than five years of programme activity, underweight decreased by 25 per cent, maternal low Body Mass Index decreased by 19 per cent, child anaemia decreased by 11 per cent and maternal

anaemia fell by 7 per cent. Nevertheless, the levels of these indicators remain high enough to represent serious public health problems. Similar trends and levels were found in the control populations, with improvements in indicators likely due to economic development and improved preventative health care.

80. *Seth Koma* has delivered tangible products such as tubewells and latrines. The population in programme areas is more likely to have access to, and make use of, safe sources of water. By contrast, there has been no significant increase in latrine usage compared with control areas, despite great efforts in latrine training and construction. *Seth Koma* also delivers intangible products such as training, health education and community organization and mobilization for increased use of services. The most impressive accomplishments were the high rates of neonatal tetanus vaccination and full vaccinations, including vitamin A supplementation, for children.

81. One central aspect of the programme that has not been successful is growth monitoring, an activity that encourages parents to actively care for the health and nutrition of their children. The programme succeeded in monitoring only two thirds of children under five, and only one third of mothers could read a growth chart. The impact of growth monitoring is limited because the activity is too infrequent at three times a year, and the implementers lack the training to communicate clear, action-oriented health messages.

82. Based on the report's recommendations, *Seth Koma* has since made several changes: It streamlined its activities by focusing on key competencies and building strong support and oversight for those activities; it mainstreamed child rights in the Decentralization Reform, building the capacity of the newly elected commune councils to deal with women's and children's issues; and it reduced the number of basic services supported in response to commune development plans by focusing on water and sanitation and community education, which includes literacy, childcare classes and community education on health and protection issues. In 2004, the areas of agriculture, environment and income-generation will be phased out, as will credit projects in 2005. The number of government counterparts is also being reduced to build stronger partnerships. *Seth Koma* is now focusing on developing strong relations with Ministries directly involved in the Decentralization Reform. Relations with Ministries, such as Health, Education and Social Affairs, are being addressed in sectoral programmes. To increase sustainability, the programme is now implemented through official provincial structures rather than through a parallel provincial working group.

83. The programme will follow the survey's recommendations on strengthening the relations between health centres and village health volunteers and discontinuing growth monitoring and promotion. There will be a review of the collaboration between health centres and village health volunteers and other local networks. With the participation of the Ministries of Health and Rural Development, the review will look at the current practices, achievements, constraints and opportunities of such collaboration.

Social development programme for poor areas (SPPA) in China

84. This programme started in 1996 with the objective of assisting poor children by reaching poor women with a range of capacity-building and empowerment

activities. The programme uses microcredit to help raise family incomes to better enable families to take care of their children. This is accompanied by investments in education, health and the strengthening of the capacities of families to take care of their children. The model resembles BRAC in Bangladesh more than it does simple microfinance.

85. An impact-assessment of SPPA carried out in 2000 concluded that the programme had achieved its objectives, producing significant changes in the well-being of families of borrowers. The programme was to be phased out over three years, its principles extended to other counties with a stronger local planning and capacity-building component. The extended programme, called Local Planning and Action for Children (LPAC), would be managed by the Government with oversight from UNICEF. By the end of 2002, there were an estimated 66,000 active borrowers and 226,000 women trained by SPPA. The total financial input in SPPA was almost $10 million over 5 years, of which about half was for microcredit.

86. An examination of the sustainability of achievements and of future directions was conducted by examining the "social" sustainability (changes in the social and behavioural practices affecting children), the operational sustainability (the programme's ability to meet operational costs), and the institutional sustainability (national capacity to continue the programme).

87. Social sustainability was assessed through a tracer survey of 150 of the 600 households covered in the 2000 survey. The results show that the changes seen in the behavioural practices of borrowers in 2000 have been sustained and extended. Water sources are improved, households have improved sanitation facilities, iodized salt is added universally at the end of cooking and more households are aware of HIV/AIDS. In addition, many more households reported eating animal protein and fruits more frequently; 99 per cent of households indicated that SPPA was beneficial to them; 83 per cent felt they could not borrow easily from the formal system if the SPPA option was not available; and 61 per cent felt they would be worse off if they could not continue to borrow.

88. Operational sustainability was assessed through an examination of the repayment rate and the cost of operations, including imputed salary costs, but not including the cost of training activities, since these are not directly related to the credit operations. About half of the counties in both SPPA and LPAC have repayment rates of over 90 per cent, the minimum criterion for a self-sustaining credit scheme. If imputed salary costs, currently met by the Government, are included, then the number of counties not operationally sustainable would increase. Whether SPPA and LPAC will remain operationally sustainable depends on how they will continue to be managed and funded, and on the commitment and capacity of the Government.

89. The issues surrounding institutional sustainability are much more complex. Government policy with regard to microfinance is evolving and needs further reforms before non-bank institutions can legally conduct microfinance operations. In the short term, however, support provided by UNICEF should remain sustainable through some national body if the impact is to be sustained and extended.

90. Though the SPPA programme has brought about and sustained significant changes in the lives of the borrowers, the study did not attempt to assess if a similar impact would have been observed with or without credit. Other important elements

of the programme still need to be addressed, such as the efficiency in the management of the credit operations and the continuation of the support for social development, local planning and capacity-building activities. Sustaining these within the current institutional options will be a challenge. Given government commitment, these programmes can be sustained in the short run, with some improvements made in their management for ensuring higher recovery rates for the loans and operational self-sufficiency. The search for longer-term options continues.

Review of progress towards sustained elimination of IDD in Indonesia

91. In 1990, the Government of Indonesia committed to the elimination of IDD and reinforced this commitment in 2002 at the United Nations Special Session on Children by affirming "Sustained IDD elimination by 2005". In spite of considerable national investments, supported by UNICEF and the World Bank, iodized salt coverage among households has stagnated at around 65-70 per cent for more than five years.

92. In the 1990s, decrees mandated that all salt for human consumption be iodized. For salt producers, the decrees defined a national quality standard, licensing requirements and criteria for processing, packaging and labelling of iodized salt. The review showed that this national standard is being practised by the larger-scale salt-processing industries but not the majority of smaller-scale producers, who often avoid formal inspection or enforcement. Yet these smaller producers provide household salt to a large part of the population.

93. The review identified these and other gaps and recommended district-specific approaches that would take account of the differences in progress among districts. In places where the use of iodized salt is above 90 per cent, steps should be taken to consolidate and sustain efforts. This will require the persistent enforcement of district legislation that prohibits the import, sale and trade in non-iodized salt, combined with annual reviews by district leaders. Districts with less than 40 per cent of salt iodized and large numbers of salt farmers should map the salt flow from harvest to consumption and apply new ways to assure that the salt undergoes processing, including iodization.

94. The review also identified the elements required at national and at district levels: political commitment, well-defined goals, enabling policies, an effective strategy aligned with realities and opportunities, and effective information management, communication and programme implementation.

95. The review noted that UNICEF had been a consistent, strong partner in IDD elimination, especially through its continuous presence, policy influence and technical expertise. The report recommended that UNICEF emphasize the development of the capacities of districts to manage the actions identified in the district-specific analyses. UNICEF should also continue to direct some resources to national efforts, and enhance the advocacy, guidance, technical assistance and knowledge channelled through public, industry, civic and community organizations.

96. Some of the review's recommendations have influenced the strategies adopted in the newly drafted National Plan of Action for IDD Elimination, such as a targeting scheme, and using the monitoring of urinary iodine excretion as a primary

indicator (as opposed to total goitre rate, a less sensitive indicator). The Government will also prioritize law enforcement for non-compliant producers and distributors. Rapid test kits will be used as the primary monitoring tool.

97. Using the findings and recommendations of the IDD elimination review, the UNICEF country office now focuses more on district-specific action plans. Attention has turned from the large to the small salt producers and on efforts to stop the flow of the small producers' non-iodized salt from reaching the market. Also emphasized are simple technologies to iodize salt.

Conclusion

98. The MTRs and evaluations show how important it is for UNICEF to review its work, and how much can be learned. Among the many initiatives being carried out, the region is focusing on efforts to support decentralization; community-based programming, especially in securing access to basic social services; and mobilization of communities, particularly in the fight against HIV/AIDS and child protection. However, one of the main conclusions of the reviews and evaluations is that more efforts are needed to build the capacities of districts and communities to plan, implement and monitor programmes, and special emphasis should be placed on reaching the most vulnerable populations. These are areas that UNICEF has begun to address. Indeed, a first region-wide evaluation in 2004 will assess the effectiveness of capacity-building as a programme activity.